

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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BERTRAM P. BROWN, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Health and Medical Preparedness

(Continued from last issue)

7,500 DOCTORS PER MILLION MEN

If or when war comes, every 1,000,000 men mobilized need 7,500 doctors drawn from civil practice. Dentists, nurses, sanitary engineers are needed too. In the mobilization of four million during the last war, more than a fourth of the effective medical men of the country were called to the colors. Whole counties were depleted of doctors. Many medical schools were almost put out of business, because the best men left for military duty. We should not repeat these mistakes. Today we should investigate who should go, who should stay to practice, to teach, to operate an essential civilian service. We have no machinery now to do this. A coordinator of medical and health preparedness should create the machinery, working with the public health agencies, the schools and the medical profession itself.

We have a shortage of laboratory technicians. Intensive courses would provide more. Universal training would deplete the ranks of medical students; yet we need doctors each year to replace obsolescence. Some medical and other scientists are vastly more valuable to the country working on their present jobs than they possibly could be in the Army or Navy. Here are other tasks for medical planning through a coordinator.

Further, let us consider the whole problem of national fitness. The President has recommended that

all youth give one year to public service—be trained during this time in some skill. How fit are they from a physical and mental viewpoint? Enrollment should include a careful examination. All correctable defects should receive prompt attention. As yet, there is no organization, no planning of an organization to do it. This is a task projected.

Let us consider two tasks immediately before us. The National Youth Administration employs 300,000 young people. Here is a measurable group, beneficiaries of the government. After five years no plan has been worked out to appraise their physical status. Shouldn't we take this group of underprivileged youth and apply our proven medical science to relieve their correctable defects?

Employed by the Work Projects Administration are nearly two million people. The nation wants to use their services; they themselves want to serve in the ways they can best contribute to national safety. What is their physical status? No one knows. I propose that each of them be examined; that we use methods comparable to those of the draft boards of 22 years ago, and classify the Works Projects Administration employees physically into three or four classes. Those qualified to become good workmen should be first on the list for training in the industries now shorthanded. Those who have remediable defects merit rehabilitation. Up to now no agency has had the authority or the money to do these two

specific jobs which seem important in national preparedness.

MALNUTRITION DESPITE FOOD SURPLUSES

If our workers are malnourished, they can not be efficient in producing what we need for defense. Yet every survey of nutrition, by whatever method conducted, shows that malnutrition in this country is widespread and serious. For example, studies by the Department of Agriculture show that 40 per cent of the people are not getting a diet adequate to maintain good health and vigor. Eight out of every ten in this category do not have an income sufficient to purchase, at market prices, a diet adequate in amount and kind; this in spite of the fact that the foods of which the nation has an apparent surplus are those in which the dietary of so many is deficient—milk and milk products, citrus fruits, green vegetables, and meat.

Not through any pity for their working people, but because their scientists proved to them that it was an essential to national power, the Germans began several years ago to provide for the working masses a diet better than ours have now. We have made a beginning in this direction through the food stamp plan. What we need is an intensive national drive, with rigid scientific controls, to use the food we have to improve the fitness of our manpower.

STRONG HEALTH LEADER NEEDED

Though I would not presume to draw up a blueprint for the whole effort of health preparedness, each of the problems mentioned needs prompt attention. With authority from the National Defense Council, several committees of experts both official and professional, should undertake special responsibilities. What seems now a huge illimitable job is, in reality, a composite of measurable tasks. There is a competent person to do each, if it is assigned to him. There is the will among our professions and among our citizens which will see that each is done. But I repeat, the first step is a strong leader in the National Defense Council to see that the country's needs are met for physical and mental preparedness, for health and medical mobilization, for peace or war. At the same time he would serve to unite the efforts of official, professional, commercial, and voluntary groups in our unified drive for aggressive strength.

In the past there has been division of opinion and occasional dissension among our professions concerning methods proposed to bring better health and a higher standard of medical care to our people. In the face of danger it is the democratic way—even the herd instinct—to unite for the agreed objectives of

safety. We can not now afford controversies. The preparedness of our manpower for national safety is not controversial. Given a hand in the planning, all of us together, official and professional, can work out methods in which we all believe.

There is no time for dogged adherence to outworn patterns, nor for a major change in proved forms of medical practice. Medical science grows, expands, opens up new possibilities for saving life and building strength. In the application of its basic sciences, medical practice must expand also to meet the new demands of the nation for self-preservation.

In the dictatorships, the state is served by sacrifice of the individual and enslavement of the men of science. If our democracy is to stand, we—as doctors, as health officers, as health workers, as citizens—of our own free will because we know it is necessary, must put medical science to work now, fully to make our men as good as our machines.

PROCEDURE FOR TRANSMITTING SYPHILIS PATIENTS FROM CLINICS TO STATE HOSPITALS

MALCOLM H. MERRILL, M.D., Chief, Bureau of Venereal Diseases

In the Weekly Bulletin of July 13, 1940, Dr. A. J. Rosanoff, Director, State Department of Institutions, has again indicated that state hospital facilities are available for fever therapy to central nervous system cases of syphilis.

A number of questions have come to us concerning the exact procedure clinics should follow in availing themselves of this service. The following is the recommended procedure:

1. Secure voluntary commitment forms from the nearest state hospital. (Agnews, Camarillo, Mendocino, Napa, Norwalk, Patton and Stockton.)
2. Transmit this completed form on each case together with a resume of the history, physical and laboratory findings on the patient to the state hospital to which the patient is to be sent. This should be accompanied by a letter from the clinic director in which is indicated the date on which admission is requested.
3. After a reply has been received from the hospital proceed with final details for transferring the patient.
4. Arrange with the patient to return to the clinic after being discharged from the state hospital.

The provision of malarial therapy for syphilis cases by our state hospitals is an unique and valuable service. Local clinics and health departments are urged to use this service on all cases of central nervous system syphilis where fever therapy is indicated. During the past two years 52 cases have been referred

from the one clinic at Camp Stockton to the Stockton State Hospital. Other clinics should take advantage of this opportunity.

BEWARE OF FRAUDULENT SEPTIC TANK CLEANERS

The health officer of a county in the northern part of the state has reported a "racket" in septic tank and cesspool cleaning. A group of four men, with a truck equipped with a tank and pump, have operated in the rural districts where they would agree to clean a septic tank for \$12.50. Upon completion of the work, however, they would demand payment for a much greater sum, claiming that they had hauled away four or five tons of sludge and insisted upon being paid \$6.50 or more per ton. In one instance they cleaned a tank for an agreed price of \$30, but, without authority, also cleaned a connecting cesspool and demanded \$156 for the job.

By innuendo and misstatements these men led people to believe that they were connected with the local health department. They were warned that if found dumping the contents of a septic tank or cesspool on the ground surface they would be arrested. Later, they were brought under the arm of the law, fined, and given a 90-day jail sentence, which was suspended and the defendants ordered out of the county. It has been reported that they left for the southern part of the state. Health officers are advised of this "racket" in order that they may be prepared to discover any such imposters.

The proper cleaning of septic tanks and cesspools, with proper disposal of their contents, is a legitimate business and one that is of value from a public health standpoint. That it should be made a "racket" is injurious to the public health and local health officers can be of use in detecting fraudulent operators and securing their conviction.

RELAPSING FEVER

Cases of relapsing fever were investigated last month in Shasta and Butte counties. It would appear, however, that these cases were contracted in Lassen and Plumas counties. Diagnosis was confirmed in one case by laboratory procedure.

EPIDEMIC POLIOMYELITIS

Suspected cases of epidemic poliomyelitis were investigated in one county of the State. Sixty-five cases were reported in August as compared with 266 cases in the same month of last year.

DISEASES REPORTABLE IN CALIFORNIA

REPORTABLE ONLY

| | |
|------------------------|------------------------------|
| Anthrax | Lymphogranuloma |
| Beriberi | Inguinale |
| Botulism | Malaria* |
| Chancroid | Pellagra |
| Coccidioidal Granuloma | Pneumonia (Lobar) |
| Dengue* | Relapsing Fever |
| Epilepsy | Rocky Mountain Spotted Fever |
| Fluke Infection | Septic Sore Throat |
| Food Poisoning | Tetanus |
| Glanders† | Trichinosis |
| Hookworm | Tularemia |
| Jaundice (Infectious) | Undulant Fever |

ISOLATION OF PATIENT

| | |
|-----------------------|-----------------------|
| Chickenpox | Ophthalmia Neonatorum |
| Dysentery (Amoebic) | Psittacosis |
| Dysentery (Bacillary) | Rabies (Animal) |
| Erysipelas | Rabies (Human) |
| German Measles | Syphilis |
| Gonococcus Infection | Trachoma |
| Influenza | Tuberculosis |
| Measles | Whooping Cough |
| Mumps | |

QUARANTINABLE

| | |
|------------------------------|-------------------------------|
| Cholera† | Scarlet Fever |
| Diphtheria | Smallpox |
| Encephalitis (Infectious) | Typhoid and Paratyphoid Fever |
| Leprosy | Typhus Fever |
| Meningitis (Epidemic) | Yellow Fever† |
| Plague† | |
| Acute Anterior Poliomyelitis | |

* Patients should be kept in mosquito-free room.

† Cases to be reported to State Department of Public Health by telephone or telegraph and special instructions will be issued.

FOOD POISONING

On August 2 a 14-pound ham was purchased in Berkeley and was taken to Redwood City where it was cooked on August 3. On the same day part of the ham was eaten by four people, all of whom became ill on the morning of August 4. The remainder of the meat was taken to Turlock and on that evening was again served, making ill all who ate of it. On August 5 it was brought back to Berkeley and on the 5th, 6th and 7th was served at numerous meals. Illness resulted to all who partook of it. Since this food product travelled about the State during extremely hot weather and was at no time under refrigeration, it would appear that the cases were food poisoning resulting from eating boiled ham.

MORBIDITY

Complete Reports for Following Diseases for the Week
Ending September 7, 1940

Chickenpox

74 cases: Alameda County 2, Alameda 1, Berkeley 5, Oakland 4, Concord 1, Fresno 2, Kern County 3, Los Angeles County 2, Alhambra 1, Los Angeles 16, Modoc County 3, Orange County 1, Anaheim 1, Orange 6, San Diego County 1, Chula Vista 3, San Diego 5, San Francisco 6, San Joaquin County 1, San Luis Obispo County 1, Palo Alto 1, Dunsmuir 2, Sonoma County 2, Tulare County 2, Oxnard 2.

Diphtheria

13 cases: Los Angeles County 1, Los Angeles 3, Monterey County 1, Orange County 2, Riverside 2, Santa Maria 2, Yolo County 1, Yuba County 1.

German Measles

12 cases: Lassen County 1, Los Angeles County 1, Los Angeles 1, Orange County 1, Santa Ana 2, Laguna Beach 1, Sacramento 1, Ontario 2, San Diego 1, San Francisco 1.

Influenza

5 cases: Kern County 1, Long Beach 1, Los Angeles 1, Pasadena 1, Menlo Park 1.

Malaria

6 cases: Amador County 1, Glenn County 1, Kern County 1, Plumas County 1, Sacramento 1, Woodland 1.

Measles

37 cases: Colusa County 1, Contra Costa County 3, El Dorado County 2, Los Angeles County 1, Claremont 1, Los Angeles 5, Pomona 1, Monterey Park 2, Madera County 1, Gustine 1, Sacramento 1, San Diego County 1, San Diego 2, San Luis Obispo County 1, San Luis Obispo 1, Santa Barbara County 1, Santa Barbara 4, Santa Maria 4, Palo Alto 1, Sonoma County 3.

Mumps

67 cases: Alameda 2, Oakland 1, Contra Costa County 2, Fresno County 2, Fresno 1, Orland 1, Kings County 1, Los Angeles County 4, Avalon 1, Glendale 1, Long Beach 3, Los Angeles 4, Pasadena 1, Whittier 1, Torrance 1, Lynwood 1, South Gate 1, Modoc County 1, Monterey 1, Anaheim 3, Fullerton 1, Tustin 1, Corona 4, San Diego 1, San Francisco 9, San Joaquin County 1, Santa Clara County 1, San Jose 1, Watsonville 1, Shasta County 6, Petaluma 1, Stanislaus County 1, Tulare County 1, Ventura 5.

Pneumonia (Lobar)

23 cases: Oakland 3, Los Angeles County 3, Azusa 1, Glendale 1, Hermosa 1, Los Angeles 7, San Francisco 2, Santa Barbara County 1, Palo Alto 1, Benica 1, Stanislaus County 1, Yuba County 1.

Scarlet Fever

50 cases: Oakland 2, El Dorado County 1, Fresno County 1, Reedley 2, Kern County 5, Los Angeles County 7, Glendale 1, Long Beach 1, Los Angeles 8, Monrovia 2, Bell 1, Madera County 1, Madera 1, Modoc County 1, Monterey County 2, Orange County 1, Sacramento 3, San Diego 1, San Francisco 2, San Joaquin County 1, San Luis Obispo 2, Daly City 1, Santa Cruz County 1, Siskiyou County 1, Sonoma County 1.

Typhoid Fever

10 cases: Fresno County 1, Los Angeles County 1, Burbank 1, Los Angeles 1, Plumas County 3, San Diego 1, Stanislaus County 2.

Whooping Cough

259 cases: Berkeley 13, Oakland 7, Fresno County 1, Fresno 1, Kern County 3, Los Angeles County 22, Alhambra 1, Azusa 1, Burbank 1, Compton 1, El Monte 2, Huntington Park 2, Long Beach 1, Los Angeles 44, Pasadena 31, Pomona 1, San Fernando 2, San Gabriel 3, Whittier 5, South Gate 9, Monterey County 8, Monterey 1, Orange County 3, Santa Ana 3, Tustin 1, Indio 1, Sacramento 1, San Diego County 1, San Diego 5, San Francisco 21, San Joaquin County 10, Stockton 18, Tracy 1, San Luis Obispo County 3, San Bruno 1, Menlo Park 2, Santa Barbara 6, Santa Maria 1, Santa Clara County 2, Santa Cruz County 3, Santa Cruz 2, Watsonville 3, Vallejo 1, Petaluma 1, Santa Rosa 2, Ventura County 7.

Dysentery (Amoebic)

6 cases: Los Angeles 1, Monterey County 1, Ontario 2, San Diego County 1, San Francisco 1.

Dysentery (Bacillary)

8 cases: Los Angeles County 2, Los Angeles 2, Sonoma County 4.

Ophthalmia Neonatorum

One case: Fresno County.

Poliomyelitis

21 cases: Richmond 1, Los Angeles County 2, Avalon 1, Los Angeles 9, Lynwood 1, Sacramento 1, Redlands 2, San Diego 1, Santa Clara County 1, Redding 1, California 1*.

Tetanus

One case: Lynwood.

Trachoma

2 cases: Fresno County 1, Tulare County 1.

Encephalitis (Epidemic)

15 cases: Fresno County 1, Sacramento County 2, San Francisco 1, Siskiyou County 1, Sutter County 3, Yolo County 4, Woodland 2, Yuba County 1.

Food Poisoning

One case: Sonoma County.

Undulant Fever.

3 cases: Bell 1, San Diego County 1, Santa Clara County 1.

Tularemia

One case: San Francisco.

Coccidioid Granuloma

One case: Sacramento.

Relapsing Fever

One case: Sutter Creek.

Epilepsy

33 cases: Los Angeles County 5, Covina 1, Los Angeles 20, Pasadena 1, San Francisco 2, Sonoma County 4.

Rabies (Animal)

8 cases: Calexico 1, Los Angeles County 2, Los Angeles 1, Corona 1, San Francisco 1, San Mateo County 1, Burlingame 1.

*Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

INDUSTRIAL HYGIENE AND NATIONAL
DEFENSE

During August, a program of recommended industrial hygiene activities designed to further the cause of national defense by protecting the health of workers, was prepared by the State Industrial Hygiene Service with the assistance of the U. S. Public Health Service. The program is integrated with activities of the Federal Public Health Service, the U. S. Bureau of Mines, the U. S. Department of Labor, the State Industrial Accident Commission, the State Chamber of Commerce, the State Medical Society, universities, city and county health officers, manufacturers' associations, industries, and organized labor, as well as with other bureaus of the State Department of Public Health.

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